## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/521573

| CLAIMS AS FILED - PART I                                                      |                                                |                                                 |             |                                                                         |                  |                                               | SMALL ENTITY |                        |            | OTHER THAN          |                        |
|-------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------|-------------------------------------------------------------------------|------------------|-----------------------------------------------|--------------|------------------------|------------|---------------------|------------------------|
| L                                                                             |                                                |                                                 | (Colu       | mn 1)                                                                   |                  | (Column 2)                                    | TYPE         |                        | OR<br>     |                     |                        |
| U.S. NATIONAL STAGE FEES                                                      |                                                |                                                 |             |                                                                         |                  |                                               | RATE         | FEE                    |            | RATE                | FEE                    |
| BASIC FEE                                                                     |                                                |                                                 | SMALL EN    | SMALL ENT. = \$ 150                                                     |                  | GE ENT. = \$ 300                              | BASIC FEE    |                        | OR         | BASIC FEE           | 3004                   |
| EXAMINATION FEE                                                               |                                                |                                                 |             | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100                    |                  | ther situations =<br>\$ 1 <u>0</u> 0 / \$ 200 | EXAM. FEE    |                        | 1          | EXAM. FEE           | 200                    |
| SEARCH FEE                                                                    |                                                |                                                 | ALL other c | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                  | ther situations =<br>\$ 250 / \$ 500          | SEARCH FEE   |                        |            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                                      |                                                |                                                 | mi          | minus 100 =                                                             |                  | / 50 =                                        | X \$ 125 =   |                        | 7          | X \$ 250 =          |                        |
| TO                                                                            | TAL CHARGE                                     | ABLE CLAIMS                                     | 6 m         | 6 minus 20 = ,                                                          |                  | 7                                             | X \$ 25 =    |                        | OR         | X \$ 50 =           |                        |
| IND                                                                           | EPENDENT C                                     | LAIMS                                           | 2           | minus 3 =                                                               | *                | 7                                             | X \$ 100 =   |                        | OR         | X \$ 200 =          |                        |
| MUI                                                                           | TIPLE DEPE                                     | NDENT CLAIM PR                                  | RESENT      |                                                                         |                  |                                               | + \$ 180 =   |                        | OR         | + \$ 360 =          | 1                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |                                                |                                                 |             |                                                                         |                  |                                               | TOTAL        |                        | OR         | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |                                                |                                                 |             |                                                                         |                  | SMALL                                         | 1            | OR                     |            |                     |                        |
| AMENDMENT A                                                                   |                                                | CLAIMS<br>REMAINING<br>AFTER                    |             | NUME<br>PREVIO                                                          |                  | PRESENT<br>EXTRA                              | RATE         | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                               | Total                                          | *                                               | Minus       | PAID F                                                                  | OK_              | =                                             | X \$ 25 =    |                        | OR         | X \$ 50 =           |                        |
|                                                                               | Independent                                    | •                                               | Minus       | ***                                                                     |                  | =                                             | X \$ 100 =   |                        | OR         | X \$ 200 =          |                        |
|                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |             |                                                                         |                  | + \$ 180 =                                    |              | OR                     | + \$ 360 = |                     |                        |
|                                                                               | ·                                              |                                                 |             |                                                                         |                  |                                               | TOTAL ADDIT  |                        | OR         | TOTAL ADDIT.<br>FEE |                        |
|                                                                               |                                                | (Caluma 4)                                      |             | (Calum                                                                  | - 2\             | (Caluma 2)                                    |              |                        |            |                     |                        |
|                                                                               |                                                | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |             | (Columi<br>HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO                         | ST<br>ER<br>JSLY | (Column 3) PRESENT EXTRA                      | RATE         | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                               | Total                                          | *                                               | Minus       | **                                                                      |                  | =                                             | X \$ 25 =    |                        | OR         | X \$ 50 =           |                        |
|                                                                               | Independent                                    | *                                               | Minus       | ***                                                                     |                  | =                                             | X \$ 100 =   |                        | OR         | X \$ 200 =          |                        |
|                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |             |                                                                         |                  | + \$ 180 =                                    |              | OR                     | + \$ 360 = |                     |                        |
| - [                                                                           | FIRST PRES                                     |                                                 |             |                                                                         |                  | <b>F</b>                                      |              |                        |            |                     |                        |

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.